

1 Lower Bree Street
Cape Town
8002
PO Box 6770
Roggebaai
8012



PROTEA HOTEL

N O R T H W H A R F

To: Ms Isabel Renisson
Fax: +27 12 428 5027
Email: Isabel@sabs.co.za

CREDIT CARD AUTHORISATION FORM

Herewith I the undersigned hereby authorise Protea Hotel North Wharf to debit my credit card, for the amounts listed below.

Name of Card Holder:	
Card No:	
Expiry Date:	
Last 3 Digits:	
Cardholder's Signature:	
Amount to be Debited:	
Date:	
Name of guest :	
Reservation Number :	
Dates:	

In the result of a "no show" the hotel cancellation policy is to charge for the full stay.